_	FAIEN	Effe	ctive Oct	DETERN lober 1, 20	MINAT 000	TION RECO	RD	İ	091	77	125	7	
CLAIMS AS FILED - PART (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			7	70				RATE	FEE	OR			
F	OR	NUMB	NUMBER FILED		NUMBER EXTRA		ASIC F			RATE BASIC FEI	FEE 710.00		
TOTAL CHARGEABLE CLAIMS			20	2 Ominus 20=		. 50			1			 	
INDEPENDENT CLAIMS				minus 3 =		F -	L	X\$ 9=		OR	X\$18=	900-	
M	ULTIPLE DEPE	NDENT CLAIM						X40≃		OR	X80=	400-	
• •	i the difference	- :						+135=		OR	+270=		
1				less than zero, enter "0" in column 2			TOTAL			OR	TOTAL.	loi U	
	•	CLAIMS AS	AMENDE								OTHER		
_		(Column 1)		(Column 2) (Column 3)			S	MALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 70	Minus		۵	= (.	,	X\$ 9=		OR	X\$18=		
	Independent	. 8	Minus	8		= / ,		X40=			X80=		
_	FIRST PRESI	ENTATION OF M	ULTIPLE D	EPENDENT	CLAIM		H		 	OR			
	•						L	135=		OR	+270=		
							ADE	TOTAL DIT. FEE		OR ,	TOTAL ADDIT FEE	·	
AMENDMEN! B		(Column 1) CLAIMS		(Colum		(Column 3)		<u> </u>		, ,			
		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	×	\$ 9=		OR	X\$18=		
	Independent	·	Minus	•••		=	X	40=		1	X80=		
_	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT (CLAIM					OR		-	
								35=		OR	+270=		
								TOTAL T. FEE		OR A	TOTAL DDIT. FEE		
		(Column 1)	<u> </u>	(Columnia HIGHES		(Column 3)	۱ <u>۵.</u>						
Ī		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	•	Minus	**		=	XS	9=			X\$18=	166	
	Independent		Minus	•••		=	\vdash	10=		OR			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> ^ </u>	-0=		OR	X80=		
lf :	the entry in colum	nn 1 is less than the	entry in set	ıma 2is ===	" in	2	+13	35=		OR	+270=		
. 11	lne "Highest Nurr	nber Previously Pai nber Previously Pai	d For IN THI	S SPACE is to	ce than	20 00101 "20 "	ADDIT	OTAL FEE		OR AC	TOTAL DIT. FEE		
TI	e "Highest Numb	er Previously Paid	For (Total o	r independent)	is the h	3, enter "3." ighest number fo			opriate box	in colun	nn 1.		

Application or Docket Number